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ARADHANA SHUKLA
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Psyche of Asian Society

Edited by
Aradhana Shukla, Anubhuti Dubey
Narendra Singh Thagunna

Concept

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Every culture has its own values and, of course, they are different in every walk of life with more or less magnitude. We can see a lot of variation in two cultures in regard to their way of thought, way of behaviour parameters and so many other things. Asia is a big continent and it covers forty eight countries in its roof. These countries are somehow similar in traditions and behaviour performance and vice versa in some other respects of life. But it is quite sure that there is a common thread that links them in one single garland.

The aim of this volume is to collect the gems from entire Asia and bring them on one platform. There are twenty four articles in this volume. They reveal various aspects of the particular country where the work is done. Chapters are in theoretical and /or in empirical mode and we hope that they will provide good insight to the readers to move on their interest and research.

Psyche of Asian Society

About the Editors

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PSYCHE OF ASIAN SOCIETY

Edited by
Aradhana Shukla
Anubhuti Dubey
Narendra Singh Thagunna

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In our regular course of life we believe in our observations and dealing with different society we see that every culture has its own values and, of course, they are different in every walk of life with more or less magnitude. We can see a lot of variation in two cultures in regard to their way of thought, way of behaviour parameters and so many other things.

Keeping these views in consideration, this piece of work is planned and it deals with culture and psyche of Asian society. We have taken ample support and co-operation from many people. We are thankful to them and want to place our gratitude on records.

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Sharad Poornima
24-Oct-2018

Aradhana Shukla
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Narendra Singh Thagunna

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14

Letting Go Method as Self-Help Alternative Solution to Increase Resilience Ability on People with Lupus

*Anggun Resdasari Prasetyo, Erin Ratna Kustanti, and
Dinie Ratri Desiningrum*

Introduction

Health is an important factor for human-beings to be able to develop their life potential well. Health in human-beings can occur if all self-aspects of both physical and psychological are able to adapt to various environmental situations and conditions. But in fact, many people are experiencing disease that affects their physical and psychological condition. One of the most deadly diseases among today is Lupus. However, many people are still odd with the disease so that physical and psychological handling become too late though the danger of Lupus is as deadly as cancer. Lupus is a chronic autoimmune disease in which there is an immune system disorder that causes inflammation in some organs and systems of the body. The mechanism of the immune system cannot distinguish between the body's own tissues and foreign organisms (e.g. bacteria, viruses) because autoantibodies (antibodies that attack the body's own tissues) are produced in large quantities and immune complexes (antigen-bound antibodies) in tissues (Syamsi Dhuha Foundation, in Syafi'i, 2012).

Every year there are about 5 to 100 people affected by Lupus that causes death. Number of people with Lupus in Indonesia, based on data released by Lupus Foundation Indonesia, continues to increase (Zubairi,

in Syafi'i, 2012). Lupus is very dangerous because it can cause death. The cause of death in Odapus, is a chronic Lupus that attacks the kidneys, brain, lungs, and heart. The disease is generally vulnerable to attack those aged 15-44 years and people in good health (Agnesa, 2009). However, most people are late realizing Lupus, because Lupus in early symptoms does not show that the person suffers from Lupus. They look normal and usually move as usual. The manifestation of Lupus in each person has a distinctive pattern that changes over time, which sometimes are quickly. In general, people with chronic Lupus, *e.g.* Renal Lupus or central nervous system (CNS), and those who suffer from more than one type of autoantibody disease tend to have serious and persistent symptoms. People with mild symptoms may continue to experience mild symptoms or even develop the more serious one (Agnesa, 2009).

The high risk of death by Lupus and its often late diagnosis, of course, has a psychological impact on people with Lupus. They have to deal with changing physical conditions that continue to increase and require tremendous adaptability in order to survive. In people with Lupus, they will experience physical changes from the face that appear reddish spots, hair loss, sensitive to sunlight, the body began to swell, the skin began to scaly and began to peel, arise sprue around the mouth, pain in the joints of the hands and feet, to the parts of the body that are difficult to move. Physical changes can make people with Lupus feel worried, inferior, anxious and other feelings began to rage, especially when having to mingle and connect with others that led to the feeling of stress. That's why psychological treatment is needed for people with Lupus in order to stay with optimistic feeling to survive and recover. The ability to survive or resilience to threatening situations or conditions such as illness, loss of spouse, disaster or accident is referred to as resilience.

Current resilience is an important theme emerged by academics and researchers to identify and understand the proper psychological constructs of how the human capacity or endurance to survive and develop in adverse conditions and to determine the ability of individuals to return to recovery from the pressure conditions (McCubbin, 2001). Wolin and Wolin (in Chandra, 2009) describe resilience as a coping skill when individuals are faced with the life challenges or individual capacity to stay in wellness and continue to do the self-repair. There are two conditions that are needed in order to explain resilience toward individual's life: (a) the occurrence of adaptation and development on significant adversity or threat; and (b) the function and development continue to run well despite significant

adversity. Research on resilience has been done by Ong and associates (2006), which then resulted in the definition of resilience as a bouncing back from negative emotional experiences and the ability to adapt flexibly to changing demands of stress experiences.

McCubbin (2001) explains that researchers recognize that resilience has a wide range of definitions and psychological constructs that still need to be studied more deeply. Even though, from some of the literature that McCubbin has reviewed, the resilience is at least in four different perspectives but remains interconnected as follows: (a) as good outcomes in spite of adversity; (b) as a sustained competence in difficult situations; (c) as recovery from traumatic experience; and (d) as an interaction between protective and risk factor. The first concept that states resilience as a good outcome in spite of adversity focuses on the concept of resilience as outcomes. This concept is like the definition of resilience that Rutter describes (in McCubbin, 2001) which express resilience as a positive outcomes in handling adversity such as poverty (McCubbin, 2001).

Two other perspectives emphasize on the importance of individual competence when facing stress and the ability to recover from a traumatic experience. Both of these concepts emphasize on the resilience as an individual's competence to adapt or bounce back when facing difficult situations (McCubbin, 2001). This concept emphasizes on the study of resilience on the qualities of a resilient individual. The concept is the same as Grotberg's (1995) which defines resilience as human capacity to face and overcome life stress. This concept also has similarities to Garnezy *et al.* (in McCubbin, 2001) which describes resilience as the capacity to produce successful adaptation in facing misery or adversity. Initial studies such as Werner (2005) focus more on this concept that examines the qualities of a resilient individual. A fourth concept that states resilience as an interaction between the protective and risk factor, attempts to conceptualize and tries to measure resilience as a process (Lutar in McCubbin, 2001). The definition proposed by Luthar in the previous section represents this concept which explains resilience as a dynamic process in which there is positive adaptation under significant adversity. However, the basic assumption agreed by researchers in resilience is that all persons are subject to stressors and adversity, and many potential factors that contribute to how an individual overcomes the difficulty (Harvey & Delfabbro, 2004).

One method that can be used to improve resilience is by letting go technique. Corey (2005) uses the term of letting go in the sense of letting

go, relating to pain and hatred, and guilt, and self-destructive patterns such as thoughts, feelings, and behaviours. Zimmeroff and Hartman (2003) use the term of letting go as a technique to bring back the unconscious to be accessible. Meanwhile, according to Freshwater and Robertson (2002) letting go in therapy is done by releasing expectations that are not realized. Fortunas (2003) conducted a qualitative study to look deeper about the effectiveness of letting go. The conclusion of his research explains that the process of letting go has an analogy with the process of problem solving related to self-changes, which invites clients to free himself from a condition which trap them. Friedman (2002) uses the term of letting go in the sense of releasing judgement and hatred against oneself or others. Bowman (2003) and Lewis (2005) add that the way to let go is by forgiving. While Shepherd (2007) uses the term of letting go related to releasing emotions, feelings, and shadows.

Based on the problems stated above, this research will test the Letting Go Method as an alternative solution of self-help to improve resilience ability in people with Lupus. Letting Go method is expected to help people with Lupus have self-help skills or psychological treatment of the disease.

Method

Subjects used in this study were 8 people. The research method used mix method type of research that is quantitative-qualitative, that is by interviewing, observing, focus group discussing, therapy giving and analysing the result of therapy. Self-monitoring is also given to determine the changing tendency of subject depression during the letting go method. Letting go therapy activities conducted on a group of subjects can be an additional data on the reflection of the resilience tendency. Resilience scale is given to the subject to assist the researcher in knowing the resilience tendency of the subject before and after therapy.

1. Interview: Qualitative interviews are conducted by the researcher in order to gain knowledge of subjective meanings which understood by the individual regarding the studied topic and intend to explore the issue; something that cannot be done through another approach. The type of interview used is semi-structured interview. Question items in interview guidelines on the subject, among others: Respondent's Identity, Respondent's Background, Relationship among family members. History of disease, resilience tendency of Respondent, Respondent's way in overcoming the impact of Lupus, resilience tendency of respondent after

doing letting go method, respondent's process in doing letting go activity, and meaning of respondent to letting go activity.

2. Observation: Researchers used non-participant observations in this study. Given the proposition of this research is the tendency of resilience, then the observation will be more focus on self respondents, among others:

- (a) Physical profile and respondent's appearance, and
- (b) Behaviour and respondent's reaction.

3. Self-Monitoring: Self-monitoring is a record written by a person to observe so as to gain an understanding of themselves, which is particularly about the experience of resilience they experience. The self-monitoring format that will be used in this research is shown in Table 14.1.

Table 14.1: Self-Monitoring Resilience

<i>Situation</i>	<i>Feeling</i>	<i>Mind</i>	<i>Resulted Behaviour</i>
What? How? When? Where? Who?	What is the resulted feelings?	What is the resulted mind?	What behaviour is resulted by, when the method happen.

Source: Greenberger & Padesky (2004).

Self-monitoring is done to find out a psychological state of a person, that is by monitoring, realizing and giving attention to his/her own psychological state which then recording its development for several days.

4. Resilience Scale: This resilience scale is given to the pretest and post-test of letting go therapy. This scale contains 22 items of questions that must be answered by the subject. Scale in this study using The Connor-Davidson Resilience Scale (CD-RISC).

5. Letting Go Therapy: According to Dwoskin (2005), the way to do letting go is by releasing 5 kinds of desires or the main negative emotions that is inside human beings. So that, there will get three top positive emotions (spirit, acceptance, and sincerity). Psychotherapy used in this research is by applying letting go method. This letting go method consists of various healing techniques in Dwoskin psychology (2005), namely: (1) *Depth relaxation* is a breathing activity in the body to enter a unique characteristic signed by low heart rate and breathing, decreased blood pressure, quieter brain activity, and reduced metabolic rate so that

one can be in a comfortable and quiet state, (2) *Interoception*, is to explore the feelings and mind of subjects about the body condition or state, which is associated with body image experienced by the subject. (3) *Evaluation and cognitive processing* is toward (a) *time sense*: positive or negative feelings about time or events; and (b) *sense of identity*: perception about identity. (4) *Emotion recognition*, is to know back the negative emotions along with their reactions. (5) *Forgiveness*, is an action or response directed to the positive motivation to decrease negative feeling or emotion.

The letting go method provided through non-randomized pretest post-test in one group design is experimental design done with pretest (before treatment) and post-test (after treatment). Letting go method will be given as much as 2 times of implementation, the pause between implementations will be given assignment (self-monitoring) done by each subject.

Research Findings

Here is an overview of the results of the resilience scale of the subjects before and after the implementation of letting go. All subjects had an increased tendency of resilience after given letting go therapy.

	Subject 1	Subject 2	Subject 3	Subject 4	Subject 5	Subject 6	Subject 7	Subject 8
Pretest	58	46	56	48	48	52	54	46
Post-test	64	58	67	62	60	60	68	76

The following is the findings of qualitative analysis on all 8 subjects of people with Lupus.

Research Finding on Subject 1: The subject in the interview before the letting go therapy, explained that he was trying to heal and still have belief that one day he can be healed because he still wants to be with his family and beneficial to others. The subject basically already has a fairly good understanding, that when he is in a state of calm or happy then the physical pain also decreased, so he was happy when he could talk or gather with his closest people.

The subject tells that when the time of the letting go process, he imagines all the feelings inside of him. The subject felt that he was feeling very sad and anxious, then the subject was asked to release his negative feelings one by one until relieved.

Research Findings on Subject 2: The subject tells that the current psychological state still not able to calm down. She still cannot really

accept her current condition. The subject tells when her body drops, she immediately fears if suddenly she will die. She always wishes that there would be a miracle for her to be healed. However, the more she thought about the healing, the more helpless and exhausted she was. Based on the description of the psychological and physical states experienced by the subject, she still has not achieved optimal resilience. Subject resilience has not been achieved because she is still experiencing self-conflicts that she is still expecting for her wishes can be realized. Some strong desire is to keep the subject to keep thinking about it but what she met was a feeling of disappointment and sad because her desire has not realized as well.

Subject on the implementation of letting go was asked to confess honestly on what things are still desirable. At the time of letting go, the subject told that she identified the desires that are bound to her: want to be better in terms of physical, health, psychological, financial; want to heal a broken heart; want to have a lot of friends; We want to be a more cheerful, optimistic, and easy going and grateful woman.

The subject then in the process of letting go, was asked to further identify what is felt in each of these desires, whether there is any discomfort feelings accompany it. Negative feelings that arise are then released one by one until subject finds a peace. The subject explained that from the letting go therapy, she felt more comfortable and peaceful. She also began to realize to learn to be more calmly to organize her desires and let God set the way of life.

Research Findings on Subject 3: The subject told that his psychological condition is not yet calm now because he still felt the pressure that prop inside of him. The subject felt uncomfortable. The subject has not been able to accept the condition of the disease. This condition is indicated by psychic responses and cognitive distortions. The subject felt as a disgusting, unattractive person. Moreover, the subject is still a teenager, where the opportunity to grow is still wide open, but the subjects felt no longer have a chance. This condition makes the subject feel lonely and regret with his current condition. Moreover, subject feels no support from parents. Parents' attitudes toward his current condition are believed to be subjects as pressure. The accumulation of these pressures leads to the idea that God is evil and encourages subjects to hate God. The emerging response is indicated by aggressive behaviour.

Based on the description of psychological dynamics above, subject still has not achieved optimal resilience. Resilience has not been achieved because the subject is still experiencing self-conflict that is still not able

to control the wishes to be realized. His emotional regulation was also not good enough. The subject still showed anger at God because it is him who got this pain, not someone else.

In the implementation of letting go, subject was asked to honestly accept his current condition, then confessed what things are his wishes. The subject then re-identified the things he wants. The wishes are: the subject wants to grow like other teenage friends, to actively participate in various activities; The subject wants the parent not to press and manage his life; Subject wants his parents and people who know the disease not to disseminate information about it because the subject feels uncomfortable and when others know about the disease he suffered; he wants others not to pity him for wanting to show that the subject is a strong person.

The subject was then invited to feel the disease and admit it. This will help him more easily to accept his illness. After that the subjects were invited to believe in God's greatness and mercy by calculating how big the role of each member of his body to help the subject in the activity since he was born until now. This will help him to remain grateful for what God has given to him, so that anger and hatred for God will be eliminated. Subsequently, subject was asked to release negative feelings and to affirm for each of his wishes can be fulfilled. Then after the implementation of letting go subjects, he feels relieved. The subject feels more comfortable, more able to accept his condition.

Research Findings on Subject 4: The subject told that she had not yet felt comfortable with her current condition. The diagnosis of a physician turned her into a people with Lupus raises her fears. The subject feels deformed and fears that something worse will happen. This condition raises anxious, less confident, and loneliness. The reactions that emerge are the subject often cry without cause and easily panic when unable to complete the task.

Based on the description of psychological dynamics above, subjects still has not achieved optimal resilience. Resilience has not been achieved because the subject is still feeling pessimistic. This is indicated by the fears she experienced. The subject also has not been able to show self-efficacy and improve her positive aspects. The subject actually has a strong motivation to go through this process and fight to become a winner. But the fears that arise make the subject weak and feel tired of life.

In the implementation of letting go, the subject was asked to honestly accept her current condition, and then confessed on what things are her fears. The subject then re-identified the things that become her fears,

namely: the subject fears of not being able to survive with Lupus, fears of not having a life companion and fears of lack of friends.

The subject was then invited to feel the disease and admit it. This will help her more easily accept herself for her disease. After that the subject was invited to find reasons that can weaken those fears. Moreover, subject was asked to release negative feelings and affirmation to create optimism that the subject is able to survive the pain, the subject can still live her life in the future including getting a life companion and having friends who always support her. After the implementation of letting go, the subject feels relieved, feels more comfortable, and able to accept her condition.

Research Findings on Subject 5: The subject told that since he was diagnosed with Lupus, the subject showed a change in his psychic condition. The subject becomes morose because of the heavy burden he faces. The subject becomes fear of new problems related to the disease. The changing health conditions of subject also make him less confident. There was a feeling that subject was different from his friends. Subjects cannot be free to do various activities like his friends. It also encourages him to limit himself and tend to be reserved. Subjects increasingly depressed because of the condition of this disease resulted in his family becomes not conducive. The disease suffered by the subjects requires regular medical treatment with no small cost. The attention of the parents who later became more intensive to him turned out to cause problems for his brother, because he felt that all the attention focused on his brother. The subject's concern was more on his mother's safety, because his brother changed his attitude to being rude. Based on the description of psychological dynamics above, subject still has not achieved optimal resilience. Resilience has not been achieved because the subject is still feeling pessimistic. This is indicated by the fears he experienced.

In the implementation of letting go, subject was asked to honestly accept his current condition, then acknowledge what things are his fears. The subject then re-identified the things that become his fears, namely: the subject of fear when the pain was getting worse, the fear of financial difficulties due to the cost of expensive treatment and fear of his mother's safety because the condition of his family becomes no longer conducive.

The subject was then invited to feel the disease and admit it. This will help him more easily accept herself for his disease and reduce his anxiety when the pain gets worse. After that the subject was invited to find reasons that can weaken these fears. Subsequently subject was asked to release negative feelings and affirmation to create optimism that the

subject was able to survive the disease, there was still hope to stay on and the family would remain conducive. After the implementation of letting go, subject feels relieved. The subject feels more comfortable, more able to accept his condition.

Research Findings on Subject 6: The subject told that since becoming people with Lupus, he always feels unsteady. Response that appears on the subject is often nervous when considering the disease and become confused with him. The subject feels uncomfortable with himself because he is not ready with the physical changes that may possibly deteriorate his health condition. The subject is scared when his condition would be getting worse. This makes the subject anxious. The changing conditions also make him anxious with other's judgement about his condition.

Based on the description of psychological dynamics above, subject still has not achieved optimal resilience. Resilience has not been achieved because the subject is still feeling pessimistic. This is indicated by the fear of his condition will be getting worse. But the subject has the power to be able to achieve resilience faster because the subject is quite capable of understanding the positive aspects in him. The subject has enough self-confidence so that although suffered from Lupus, the subject believes that the people around him will still receive his condition. His high motivation is useful to others and also as a driving force to be able to get through the healing process well.

At the implementation of letting go, subject was asked to honestly accept his current condition, then admit what things are his fears. The subject then re-identified the things that become his fears, namely: the subject of fear when the pain gets worse, fear of the judgement of others.

The subject is then invited to feel the pain and admit it. This will help him more easily accept his disease and reduce his anxiety when the disease gets worse. After that the subject was invited to find reasons that can weaken these fears. Subsequently subject was asked to release negative feelings and do affirmations to create optimism that the subject is able to get through the healing process well and the people around him can accept his condition. After the implementation of letting go, subject feels relieved. The subject feels more comfortable, more able to accept his condition.

Research Finding on Subject 7: The subject told that she had not felt at ease with her current condition. At first the subject always wondered what the reason God sent this disease to her. The subject is confused whether this is a form of God's punishment to her, warning or test for her to go up on a class. The subject is scared because she is not ready to

accept the punishment from God. The subject is also afraid if at any time had to leave her family. The condition of this subject raises the psychic response of stress.

Based on the description of psychological dynamics above, subject still has not achieved optimal resilience. Resilience has not been achieved because the subject is still feeling pessimistic. This is indicated by the fears she experienced.

At the implementation of letting go, subject was asked to honestly accept her current condition, and then admit what things are her fears. The subject then re-identified the things that become her fears, namely: the subject's fear of disease is due to punishment from God, the subject is afraid of not being able to survive with Lupus so the family must lose her.

The subject was then invited to feel the disease and admit it. This will help her more easily accept herself for her disease. After that the subject was invited to find reasons that can weaken these fears. Subsequently subject was asked to release negative feelings and affirmation to cultivate optimism that God sends this pain not as a punishment, the subject is able to withstand the condition, the subject can still accompany her family, can see her children grow up.

After the implementation of letting go, subject feels relieved. She also feels more comfortable, more able to accept her condition.

Research Findings on Subject 8: The subject told that she had not yet fully calm with her current condition. At first the subject was confused by her condition, there was concern about the disease caused by witchcraft. The subject also experienced a shock because since being diagnosed with Lupus, her physical condition has decreased drastically. The condition of this subject raises the psychic response in the form of complaining, stress and even depression. Depression is triggered because the subject has a miscarriage for the second time. The reaction that appears is that the subject always fainted when hearing the baby crying. The family as the main source of support is able to change the thinking of the subject. This makes her more grateful and sincere to live her life.

Based on the description of psychological dynamics above, subject has been able to achieve resilience though not optimal. The subject has been able to show optimism, good emotional regulation and improved positive aspects of her life.

On the implementation of letting go, subject was invited to feel disease and admit it. This will help her more easily accept herself for her disease. After that the subjects are invited to further strengthen positive

sources such as family support, the power of gratitude and sincerity as the foundational strength and healing for subject. Subsequently subject was asked to release negative feelings and affirmation to increase optimism that the subjects would survive and recover from the disease. After the implementation of letting go, subject feels relieved, more comfortable and more able to accept her condition.

Cross-Subject Discussion

People with Lupus will react to it strongly because the situation or condition of the disease will bring fear to someone. The high risk of death from Lupus and its often late diagnosis, of course, has a psychological impact on people with Lupus. They have to deal with changing physical conditions that is decreasing continually and require tremendous adaptability in order to survive. The reactions of both psychology, cognition, and behaviour are essentially the reactions of a person to try to adapt to the disease. They try to fit in or survive.

Banaag (in Chandra, 2009) states that resilience is a process of interaction between individual factors and environmental factors. Individual factors serve to resist self-destruction and self-constructing positively, while environmental factors serve to protect individuals and soften the difficulties of individual life. But not everyone who tries to adapt to the disease is able to adapt to positive construction, because anyway Lupus can make someone feels anxious, stressed or even depressed.

The ability of a person to be able to achieve resilience depends on someone's adaptability, personality and family and environmental support. The prominent character in the eighth person is the person who tends to control everything in order to run well, which makes them lose their way when they diagnosed by the disease, so they feel they have nothing left. This character is formed from family background, that is from parenting, childhood experience and close relationship with parents and siblings. They tend to get used to hide negative feelings rather than express it to others because they do not want to burden their problems to others. They do not want to be known to have a particular problem.

Letting go is done to the eight subjects, encouraging the individual to think and express feelings of anger, hurt and disappointment, as well as negative thoughts. After being able to express their feelings and thoughts, the subjects will feel more comfortable and lightweight, so as to better understand their own feelings, then be able to understand their

partner and the problem. This understanding causes the subjects to make adjustments and know how to solve the problem. Finally, the ability of resilience can be optimal.

Conclusion

Based on research that has been done on the eight people with Lupus, then the conclusions of this study are as follows:

The state of resilience tendency in people with Lupus, before and after Letting Go

1. People with Lupus tend to be at risk of experiencing negative emotional states such as anxiety, stress or even depression. The reactions actually arise because they are trying to adapt. When they build adaptations with a negative construction, it is risky to experience depression, whereas if the construction of adaptation is positive then they can achieve optimal resilience.
2. Symptoms of psychiatric conditions that appear on people with Lupus, shown among others:
 - A. *Emotional symptoms*: feeling guilty, feeling afraid, not feeling confident, feeling depressed, feeling sad and crying often.
 - B. *Cognitive symptoms*: feeling pessimistic, feeling no way out, hesitating, feeling life is not useful, feeling like a loser.
 - C. *Motivational symptoms*: feeling dependent, feeling not wanting to face tomorrow, and lazy to do activities.
 - D. *Behavioural symptoms*: being unproductive, lacking concentration, and little activity.
 - E. *Somatic symptoms*: decreased appetite, difficulty sleeping, often sick, tired quickly.

3. After the letting go therapy, the individual feels more relieved, lighter and more comfortable, though the effect has not yet reached optimal resilience, but the individual's negative tendency after letting-go therapy shows a marked reduction in symptoms of real emotional states, such as less sadness, no longer thinking too much of bad experience, seeing the future more optimistic, no longer having sleeping trouble, and more reconciled with his heart. So that, to reach the optimal point, then letting go needs to be applied everyday.

How to Use *Letting Go*

Based on the findings of the research, there are certain similarities made by the subject of research in doing Letting go. How to use Letting go to get maximum result is:

- (a) Do Letting go in a quiet, lonely atmosphere and in a fairly private place, so no worries that it will be known by others.
- (b) Do Letting go everyday, at least once per day.
- (c) The topics to be released are free, but it is more effective to imagine or feel an unpleasant experience accompanied by revealing the deepest feelings and thoughts that have never been told to others.

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